

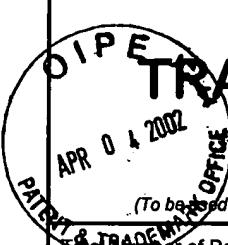
Please type a plus sign (+) inside this box →

PTO/SB/21 (6/98)

Approved for use through 9/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



(To be used for all correspondence after initial filing)

Total Number of Pages in this Submission:

Application No.	09/827,865
Filing Date	April 6, 2001
First Named Inventor	Geetha Srikantan
Group Art Unit	2152
Examiner Name	Unassigned
Attorney Docket No.	SUN-P4966

RECEIVED

MAY 02 2002
Technology Center 2600

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached	<input type="checkbox"/> Assignment Papers for an application	<input type="checkbox"/> After-Allowance Communication to Group
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> <input type="checkbox"/> Affidavit/Declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney by Assignee, with Revocation of Former Powers	<input checked="" type="checkbox"/> Additional Enclosure(s):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> <u>Return Receipt Postcard</u>
<input type="checkbox"/> Response to Missing Parts Notice/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> <u>Form 1449 & 3 References</u>
	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> <u>Copy of ISR (2 pages)</u>
	<input type="checkbox"/> Request for Refund	

Additional Enclosure(s):
 Return Receipt Postcard
 Form 1449 & 3 References
 Copy of ISR (2 pages)

Remarks:

APR 08 2002

Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Name	Daniel E. Vaughan (Registration No. 42,199)	Date	March 19, 2002
Signature		Telephone	650/474-1973
Address	702 Marshall Street, Suite 310, Redwood City, CA 94063	Facsimile	650/474-1976

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U. S. Postal Service as Express Mail (No. EL xxx yyy zzz US) or

First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: March 19, 2002

Type or Printed Name	Daniel E. Vaughan	Signature	
----------------------	-------------------	-----------	--

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.